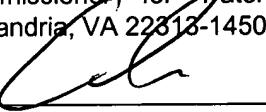




#

PATENT

I certify that on 10/27/05, which is the date I am signing this certificate, this correspondence and all attachments mentioned are being deposited in the United States Postal Service as first class in an envelope addressed to: Commissioner, for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Craig A. Slavin

Applicant: W. Calfas

Serial No.: 10/618,871

Filing Date: 07/14/2003

Title: Transporter for Vertical Movement and Lateral Transfer of Persons Having Impaired or no Self-Locomotion

Group Art Unit: 3618

Examiner: Shriver

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450
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Mail Stop Issue Fee

ISSUE FEE TRANSMITTAL LETTER

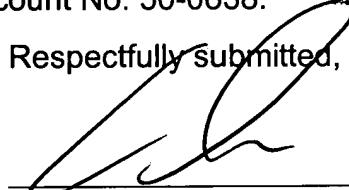
Sir:

We enclose a PTOL-85 (Issue Fee Transmittal) and our check for \$1,000 for payment of the issue fee and publication fee.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0638.

Respectfully submitted,

10/27/05
Date


Craig A. Slavin
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Attorney for Applicant

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El Segundo, CA 90245
(310) 563-1458
(310) 563-1460 (Facsimile)

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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Craig A. Slavin	(Depositor's name)
	(Signature)
Oct. 27, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/618,871	07/14/2003	William Calfas	5194	6942

TITLE OF INVENTION: TRANSPORTER FOR VERTICAL MOVEMENT AND LATERAL TRANSFER OF PERSONS HAVING IMPAIRED OR NO SELF-LOCOMOTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	01/19/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS	
SHRIVER II, JAMES A		3618		280-079200	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date Oct. 27, 2005

Typed or printed name Craig A. Slavin

Registration No. 35,362

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